Request for Professional Services Expenditures
By the Arkansas Public Defender Commission
(ALL fields are required)

Requesting Attorney:	Date:	Click here to enter a date.	
Type Expenditure Requested – see www.arkansas.gov/apdc/providers.index.html for hourly compensation ranges Investigator Interpreter Type: Choose an item. Expert Witness Appointed Attorney Mitigation Specialist other, specify Requested Payee: Address Email City, State, ZIP	Requ	esting Attorney:	District:
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